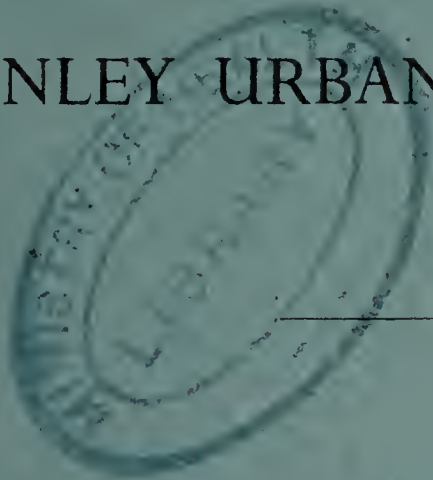


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STANLEY URBAN DISTRICT COUNCIL



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1948

S. LUDKIN, M.B., B.S., D.P.H.

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TO THE CHAIRMAN AND MEMBERS OF THE STANLEY URBAN DISTRICT COUNCIL.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in presenting my first Annual Report on the Health, Vital Statistics and Sanitary Circumstances of your area for the year 1948.

The state of health has been satisfactory, the incidence and mortality of Diphtheria and the infantile mortality reaching record low levels, the only disappointing feature being the maintenance of the Tuberculosis Mortality Rate at a level higher than that of the County and Country as a whole.

An excellent response rewarded the appeal for Mass X-Ray of the people in this area and it is hoped that an even greater number attend when the Mass Radiography Unit pays its second visit. By this means chest disease is discovered at an early stage when it is amenable to treatment.

Further progress has been made in connection with Diphtheria Immunisation but every effort must be made to ensure that 75% of those children reaching the age of one year are immunised and that "booster" doses are given at the ages of five and ten years. There were only three confirmed cases and one death from Diphtheria during the year, none of these three having been immunised.

In view of changes brought about by the inception of the National Assistance Act and the National Health Service Act short descriptions of the effects of these Acts have been included.

I wish to thank Members of the Council for their encouragement and support and the Staff for their co-operation.

I am, Ladies and Gentlemen,

Yours faithfully,

STANLEY LUDKIN.

Medical Officer of Health.

30th June. 1948.

HISTORY, GENERAL STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (acres)	.....	12,658
Population	.....	48,920
Estimated number of children		
Under 5 years	.....	4,213
5-14 years	.....	6,974
Approximate number of Aged People	.....	4,660
Marriages in the Area during 1948	.....	434
Number of inhabited houses	.....	13,504
Number of Aged Miners Homes	.....	180
Number of Council Aged Persons Homes	.....	190
Number of houses and shops combined	.....	180
Number of Lock-up-shops	.....	398
Number of houses under Demolition Orders	.....	15
Estimated number of sub-standard houses	.....	940
Rateable Value	.....	£191,200
Sum represented by Penny Rate	.....	£684

With an estimated population of approximately 50,000 the Urban District of Stanley, covering an area of 12,658 acres, is in reality broken up into several villages all in close proximity with beautiful countryside and each centred round a group of mines with Stanley itself the central shopping and business centre.

The fortunes of the area have long been linked with coal and mining—in 1602-3 “ the manor of Pontop with its house, lands and coal mines ” was offered for sale, while the first borings for coal ever made in this country are said to have taken place in 1778 at White-le-Head Colliery. With the sinking of more shafts in the Area the population rapidly increased, particularly when the railways were opened.

Of the neighbouring villages of Craghead, Tanfield Lea, Tantobie, Annfield Plain, Burnopfield and Stanley, the latter became the focal point from which in 1937 the sixteenth largest Urban District in the Country took its name. The great development in Stanley itself between 1872 and 1931 is shown by the increase in population from 8,700 to 24,000. It has outgrown the segregation of the typical colliery village without reaching the stage of urbanisation which would destroy its specific character, while the stabilising force in the community has been its strong family basis. There has been a traditional absence of employment of women (in 1948 16% of Stanley’s workers were women).

At the moment there is more or less full employment (a total of 534, equal to 3.1% of employable persons being out of work at the end of 1948) and the miners are earning better wages than ever before. Stanley’s unqualified dependance on coal mining as the basis of its economy raises certain problems however, as follows :—

(1) The majority of mines in the area are expected to be worked out within the next twenty years—a problem of transition from dependance on one major industry ; a problem not yet acute but one which must be faced in the near future.

(2) Miners, once unemployed and disabled and not being fit for heavy unskilled work, have no other industries to which they may drift and no “ Remploy Factories ” exist in the area.

However, efforts are being made to attract other industries to the area and it is hoped that the proposal for a Trading Estate at Greencroft will materialise in the near future.

NUMBER OF EMPLOYED PERSONS.

	Males	Females	Totals
Coal Mining	10,500	—	10,500
Building and Civil Engineering	600	—	600
Retail Distribution of Food	480	500	980
Local and National Government	360	90	450
Catering, Hotels, Canteens etc.	120	580	700
Miscellaneous	2,313	1,563	3,876
Totals	14,373	2,733	17,106

	Males	Females	Totals	%
Employable persons out of work at the end of 1948	—	—	534	3.1
Persons registered as Disabled ..	1,020	30	1,050	
Registered Disabled who were on the Tuberculosis Register at the 31st December, 1948	35	3	38	3.6
				of Disabled
Tuberculosis patients retrained during 1948	—	—	2	
Number of cases on the Tuberculosis Register	197	178	375	

COMPARATIVE RATES.

	England and Wales	Durham County	148 Smaller Towns	Stanley
No. of live births per 1,000 population	17.9	20.0	19.2	18.9
No. of still births per 1,000 population	0.42	0.53	0.43	0.57
No. of maternal deaths per 1,000 live and still births	1.02	1.31	—	Nil.
No. of infant deaths per 1,000 live births	34	47	32	47.52
No. of deaths per 1,000 population	10.8	11.1	10.7	12.4
No. of Tuberculosis deaths per 1,000 population	0.51	0.59	0.46	0.61
No. of Pulmonary Tuberculosis deaths per 1,000 population	0.45	0.49	—	0.53
No. of Non-Pulmonary Tuberculosis deaths per 1,000 population	0.07	0.10	—	0.08

DETAILED VITAL STATISTICS.

BIRTHS.

(a) <u>Live Births</u>	Males	Females	Totals
Legitimate	459	428	887
Illegitimate	23	16	39
	—	—	—
Totals	482	444	926
	==	==	==

	1944	1945	1946	1947	1948
No. of live births per 1,000 population	20.80	18.50	20.27	22.84	18.93

(b) <u>Still Births.</u>	Males	Females	Totals
Legitimate	11	15	26
Illegitimate	1	1	2
	<hr/>	<hr/>	<hr/>
Totals	12	16	28
	<hr/>	<hr/>	<hr/>

	1944	1945	1946	1947	1948
No. of Still Births per 1,000 population....	0.50	0.77	0.87	0.72	0.57
No. of Live and Still Births per 1,000 population	21.31	19.33	21.13	23.56	19.50
No. of Still Births per 1,000 Live and Still Births	23.8	44.1	41.2	30.62	29.35

<u>DEATHS :</u>	Males	Females	Totals
Deaths during year	324	285	609
Deaths from Puerperal Causes	—	Nil.	Nil.
	<hr/>	<hr/>	<hr/>

	1944	1945	1946	1947	1948
Death rates per 1,000 population	11.89	12.36	11.9	13.0	12.45

(a) Infant Deaths.

The Infantile Mortality Rate of 47.51 for this year is the lowest ever recorded in the area but it is to be noted that this figure still remains at a level considerably above that for England & Wales as a whole (34), the figures for the last ten years in Stanley being :

1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
73.8	60.2	86.3	53.0	64.0	56.8	54.5	49.0	48.7	47.5

During the year there were the following deaths under one year :—

	Males	Females	Totals	Rate per 1,000 Live Births
Legitimate	21	16	37	40.0
Illegitimate	6	1	7	7.5
	<hr/>	<hr/>	<hr/>	<hr/>
Totals	27	17	44	47.5
	<hr/>	<hr/>	<hr/>	<hr/>

Analysis of deaths of children under one year.

				Within 1st Month	1st-12th month	Total
(1)	Congenital Malformations.					
(a)	Cardiovascular	.....	.....	1	1	2
(b)	Alimentary	.....	.....	3	—	3
(c)	Cerebro-spinal	.....	.....	—	2	2
(d)	General	.....	.....	1	—	1
(2)	Birth Deaths.					
(a)	Asphyxia	.....	.....	1	—	1
(b)	Trauma	.....	.....	2	—	2
(c)	Atelectasis	.....	.....	1	—	1
(3)	Prematurity	.....	.....	8	—	8
(4)	Infective Causes.					
(a)	Respiratory	.....	.....	1	16	17
(b)	Infections of Unknown Origin	.....	.....	—	1	1
(c)	Diphtheria	.....	.....	—	1	1
(5)	Other Conditions.					
(a)	Blood Disorders (Haemolytic Disease and Anaemia)	.....	.....	1	—	1
(b)	Intussusception	.....	.....	—	1	1
(c)	Pink Disease	.....	.....	—	2	2
(6)	Accident.					
(a)	General Injuries	.....	.....	—	1	1
	Totals	.....	.....	19	25	44
				==	==	==

It is to be noted that 19 (43%) deaths occurred in the first month of life, 8 of which were certified as being due to prematurity and 5 to congenital malformations. Of the deaths between 1 and 12 months 16 (72%) were due to respiratory infections. The Infantile Mortality Rate has shown a steady downward trend since the beginning of the century but to reduce it to a lower level we must continue to concentrate on provision of adequate ante-natal care for all pregnant women with a system of priority for hospitalisation [investigations have frequently shown that premature births are liable to occur in certain abnormal conditions of pregnancy (Maternal Toxemia and Maternal Illness or Infection, while a relationship between Congenital Malformation and Virus Infection during pregnancy has been suggested)] and secondly, diminution of family over-crowding. The ante-natal care together with suitable precautions during the ante-natal period should reduce the incidence of this prematurity while by diminishing over-crowding spread of family infections should be minimised.

These two main provisions must of course be associated with improvements in general sanitary environment and with better education of every mother in the principles of care and management of her own child in order that she might protect it from disease and infection.

Education in mothercraft could be beneficially introduced in the form of a short series of lectures to girls of 15 years just before they leave school. Whilst stimulating their interests in these principles they could also be told, and by visits see for themselves, the free facilities offered in the area to expectant and nursing mothers.

(b) Deaths (General)

	Male	Female	Total
ALL CAUSES	324	285	609
Heart Disease	73	78	151
Cancer	50	47	97
Intra-cranial Vascular Lesions	26	38	64
Bronchitis	29	15	44
Other Diseases of Circulatory System	19	14	33
Tuberculosis (all forms)	17	13	30
Pneumonia	13	13	26
Congenital Malformation, Birth Injury, Infant Disease.....	10	4	14
Other Respiratory Diseases	9	3	12
Nephritis	4	6	10
Diabetes	4	4	8
Ulcer of stomach or duodenum	8	—	8
Other Digestive Diseases.....	4	4	8
Premature Births	6	2	8
Influenza	2	3	5
Syphilitic Diseases	1	1	2
Road Traffic Accidents	2	—	2
Cerebro-spinal Fever	—	1	1
Scarlet Fever	—	1	1
Whooping Cough	—	1	1
Diphtheria	1	—	1
Measles	1	—	1
Suicide	—	1	1
Other violent causes	13	5	18
All other causes	32	31	63

The main causes of death continue to be diseases of the Heart and Circulatory System, Cancer, Bronchitis, Tuberculosis and Pneumonia in this order.

With plans for further research on Rheumatism and other diseases which cause heart disabilities in the early and middle period of life, it is hoped that their toll of deaths, occurring many years later, will be reduced.

It is to be noted that there was a decrease in the number of deaths from Road Accidents, the figures for 1947 and 1948 being 9 and 2 respectively.

Accidents in the home were responsible for 6 deaths during the year, 5 elderly persons and one infant being affected.

GENERAL PROVISION OF HEALTH SERVICES.

During the year the National Assistance Act and the National Health Service Act came into operation and with it the transfer of our Ambulance Service to the County Council. With minor administrative changes the health services continued to run extremely smoothly. However, details of these changes will be quoted in the subsequent sections.

Under the National Assistance Act most of the changes concern the Local Health Authority (County Council) however, certain additional powers and duties have been imposed on Councils of County Districts, viz :—

- (1) The power to contribute to voluntary bodies providing recreation and meals for old people.

(2) The power on the written certificate of the Medical Officer of Health to apply to the Court of Summary Jurisdiction for an order for the removal and detention in a suitable hospital or other place persons who (a) are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions, and (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

(3) The duty to arrange for the burial or cremation of any person who has died or been found dead in their area, in any case where it appears to the authority that no suitable arrangements for the disposal of the body have been or are being made otherwise than by the authority.

The Assistance Board's main function is to provide financial assistance according to need in the form of assistance grants paid in cash either at the Area Office in the case of urgent need, through the local office of the Ministry of Labour to able bodied unemployed persons or in all other cases by postal orders through the local Post Office.

Since 5th July, 1948 these assistance grants have replaced various services previously provided by other State or Local Authority Services and "Relieving Officers" under the Poor Law have disappeared.

The services taken over are :—

(1) **Unemployment Assistance** to insurable unemployed persons not qualified for unemployment benefit and persons receiving such benefit but find it insufficient for their needs.

(2) **Supplementary Pensions** to old age pensioners and widow pensioners over 60 years of age whose pensions include an additional allowance in respect of a child.

(3) **Blind Domiciliary Assistance** paid by Local Authorities to registered blind persons.

(4) **Tuberculosis Treatment Allowance** paid by Local Authorities to persons suffering from Pulmonary Tuberculosis who give up their employment to undergo treatment.

(5) **Outdoor Relief** under the Poor Law paid by Local Authorities to persons in need who cannot be assisted under any of the foregoing services.

Both rates for the Blind Domiciliary Assistance and Tuberculosis Treatment Allowance are in excess of grants under other heads and above the allowance made for sickness by the National Insurance. The number of persons in the Stanley Urban District suffering from pulmonary Tuberculosis and in receipt of National Assistance based on a special scale allowance is 23 and the number of blind persons also scaled on the special rate is 60. Other cases of Pulmonary and Non-Pulmonary Tuberculosis are receiving additions for extra nourishment.

In assessing the allowance the resources of the individual are of course considered but generous consideration is given.

While responsibility for the casual poor person and vagrant is now transferred to the Board, Local Health Authorities are required to provide and maintain centres for their temporary accommodation. At present the nearest reception centre is at Durham.

Additional duties of the National Assistance Board's Area Office include:

- (a) The determination of need with regard to free welfare, foods etc.
- (b) Welfare Work (The Board's Officers, recognising where some welfare action is required, co-operate closely with Local Authority Services and various Voluntary Organisations in order that the applicant may be advised and, if necessary, helped to avail himself of some special service appropriate to this case) together with Domiciliary Visits in the case of elderly persons, especially where home conditions are unsatisfactory. An additional allowance is made towards payment for a few hours essential domestic help during the week.

HEALTH SERVICES.

(1) **Staff.** On the 24th May, 1948 I took up the appointment of Permanent Full-Time Medical Officer of Health of your area in succession to Dr. J. Leiper on his appointment as Divisional Medical Officer in West Riding, Yorkshire.

In addition to the Chief Sanitary Inspector and his Assistant there are two District Inspectors.

(2) **Laboratory Facilities.** These continue to be provided by the Public Health Laboratory Service, Newcastle under the direction of Dr. R. Norton who replaced Dr. S. H. Warren towards the end of the year.

All specimens for animal inoculation are sent to the laboratory attached to the General Hospital, Newcastle.

The following table gives particulars of specimens sent in by the Health Department and the Medical Practitioners in the area for examination during the year.

Bacteriological Examinations.

	Number of Specimens Submitted	Positive
Blood.		
(a) Serological Tests and Culture	15	—
Faeces.		
(a) Enteric Fever	70	3
(b) Dysentery		1
(c) Food Poisoning		—
(d) Other Organisms		1
Urine.		
(a) Enteric Fever	5	1
Swabs (Throat, Nasal and Ear).		
(a) Diphtheria	107	13
(b) Haemolytic Strepococci	44	22
(c) Other Organisms	9	8
Sputum for Tuberculosis.		
(a) Dispensaries	242	25
(b) Other Medical Services	76	3
Totals	568	77

20 Milk, 28 Water and 21 Ice Cream samples were submitted for bacteriological examination.

14 Milk, 21 Water and 15 Ice Cream samples were found to be satisfactory.

19 Milk Bottles were sent for sterilisation test and found to be satisfactory.

(3) **Nursing in the Home.** This has continued to be carried out by the four Nursing Associations in the district. However, after 5th July, since it became the duty of the Local Health Authority to provide or arrange through voluntary associations for the provision of a Home Nursing Service, the County Health Committee has made arrangements with the County Nursing Association to provide the service, thus bringing about the affiliation of the Local Nursing Association with the County Nursing Association.

The following is a summary of the work carried out by all the District Nursing Associations in the area.

	From 1.1.48 to 4.7.48		From 5.7.48 to 31.12.48	
	Cases At'd'd	Visits Paid	Cases At'd'd	Visits Paid
Stanley & District Nursing Assoc.	285	6,426	265	6,724
Burnopfield & District Nursing Association	194	1,969	168	1,926
Annfield Plain & District Nursing Association	52	1,075	85	1,148
Tanfield & District Nursing Association	71	2,586	128	3,341
Totals	602	12,056	646	13,139

(4) **Treatment Centres and Clinics.** The scheme for the treatment of Scabies together with the Scabies Treatment Centre, Front Street, Stanley was discontinued about mid-year.

The three weekly clinics for immunising children against Diphtheria have been continued by your Medical Officer. Details of numbers immunised are given in the section on Diphtheria.

(5) **Hospitals.** During the year under review infectious patients from this district continued to be hospitalised in the New Central Isolation Hospital at Lanchester. The only other hospital in this district is the small hospital at South Moor which has 40 beds (6 of which are cots), an operating theatre and X-Ray facilities and equipment. Originally, and until July 5th, this hospital was solely for the benefit of workers and families of those employed by the Holmside and South Moor Collieries.

In the main to-date, hospitalisation of patients other than infectious disease cases was to the Newcastle Group of hospitals.

With the introduction of the National Health Service Act, 1946 on 5th July, 1948 both the Lanchester and South Moor Hospitals became the property of the Newcastle Regional Hospital Board and are managed by individual sub-committees under the control of the North-West Durham Hospital Management Committee. Apart from the change in control both hospitals continue to function in much the same manner.

SANITARY CIRCUMSTANCES OF THE AREA.

(1) **Water.** The water supply, reported as unsatisfactory in 1947, improved only slightly in quality during the first nine months of 1948 and occasional samples, some taken as late as August, were bacteriologically unsatisfactory. However, once the new sterilising plant was completed and put into action the supply immediately improved. All water supplies in the area are from the Honey Hill Treatment Works, the water being filtered and then sterilised by chloramine in the clear water tank before entering the mains. A new 5" trunk main from the Flint Hill Reservoir by Burnopfield and Rowlands Gill to High Thornley was completed and put into use on the 9th November. Although the main was ostensibly to improve the supply to Winlaton a connection was made in Burnopfield and an average of about 90,000 gallons per day supplied to the Burnopfield and Sunniside areas.

(2) **Drainage and Sewerage.** The laying of connecting sewers, the erection of pump house and installation of pumps, and the extension of the Hustledown Works is nearing completion and the elimination of the Craghead and Middles sewage disposal works is now almost accomplished.

Construction of the new sewage disposal works between East Tanfield and Causey together with the laying of new trunk sewers etc., has been commenced. The work is expected to extend over three years but when completed the present out-of-date and over-loaded works of West Kyo, Clough Dene, Tantobie, Tanfield Lea, West Shield Row and East Tanfield will be eliminated.

(3) **Rivers and Streams.** No action was taken during the year in regard to pollution of rivers and streams in the area.

HOUSING.

The following houses were completed during the year :—

Parlour type with 3 bedrooms (brick)	.....	.....	.....	38
Dining recess with 3 bedrooms (brick).....	.....	.....	.....	20
Dining kitchen with 3 bedrooms (brick)	.....	.....	.....	16
Parlour type with 3 bedrooms (Airey)	.....	.....	.....	16
Aged Pensioners Cottages with 2 bedrooms (brick)	.....	.....	.....	19
Aluminium 1 storey prefabricated with 2 bedrooms.....	.....	.....	.....	112
				<hr/>
Total	.....	.....	.....	221
				<hr/>
Casual lettings during the year	.....	.....	.....	89
				<hr/>

The Council's very sound practice of allocating 10% of new houses and casual lettings to Respiratory and Disease Cases was continued and in view of our concern over the relatively high Tuberculosis Mortality Rate, with only one exception, all of this allocation was granted to overcrowded families, or families living in insanitary circumstances, in which one or more persons were suffering from Tuberculosis. Due regard was given to family income and the rent payable for the Council house to ensure that no financial hardship or deterioration in nutritional state would ensue following re-housing.

Aged Persons Homes. During a census of Council houses the opportunity was taken to survey the conditions of aged persons living in Council owned Aged Persons' houses. All these were visited (a total of 190 houses and 234 aged persons) and a detailed statistical report on the social and environmental conditions prepared. The most outstanding feature

was the high standard of cleanliness and industry shown by these house-proud old people. About 11% admitted that they were lonely and the wireless seemed to be the biggest single asset. Most were enthusiastic about a meal service and 50% stated that they would welcome a hot meal brought to their door on one or two occasions during the week but a high proportion doubted whether they could afford more than 10d. per day twice a week.

Special reference was made to siting and structure of the houses.

While this investigation gave a complete survey of the aged people living in the Council's Aged Persons' Houses, unfortunately it covered only 5% of the aged (of which there is a total of 4,660 in Stanley Urban District) and there is no doubt that this 5% shows bias in the direction of a privileged section. The needs discovered will almost certainly be magnified if taken over the complete community of aged.

It is hoped that the need for more residential accommodation under Part III of the National Assistance Act will be met in the near future, for with the expected steady increase in the proportion of aged in the community in the future, this problem will become all the more urgent. In the past the nearest accommodation was at Lanchester in what was previously the Poor Law Institution, but accommodation here is being utilised for the Chronic Sick with the result that those aged needing care and attention must find accommodation at Durham or Sedgefield—a considerable distance from their friends and relatives and the place where they have spent the greater part of their lives.

INSPECTION AND SUPERVISION OF FOOD.

Most of the Owners and Managers of food premises engaged in the preparation of food and the manufacturing of Ice Cream are very conscious of their obligation to the public with regard to producing clean and safe food and Ice Cream. Whilst all manufacturers have ordered new apparatus to comply with the Ice Cream (Heat Treatment, Etc.) Regulations 1947, because of the great demand, only a proportion have been supplied to date.

The new Civic Restaurant, with its modern kitchen, all electric cooking and food preparation, is nearing completion and will replace the old temporary building.

Under the auspices of the Area Supervisor for School meals, lectures on food hygiene were given by your Medical Officer to meals attendants and food handlers at the Greencroft and No Place school kitchens.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

The total number of notifications received during the year was considerably greater than in 1947, an increase mainly confined to **Measles** and **Whooping Cough**.

This increase in the former, first recorded in mid-March, reached epidemic proportions in April, May and early June. The last epidemics of Measles in this area occurred in 1944 and 1946 so that we may say that this year's outbreak, with an expected periodicity of epidemic phases, was merely running according to plan. A favourable feature in this outbreak was the small incidence of respiratory complications. There was 1 death from Measles and 1 from Whooping Cough. Research on the most efficient vaccine for Whooping Cough is still continuing.

Notifiable Diseases reported during the Year 1948.

The following table gives particulars of the incidence of notifiable disease (other than Tuberculosis) in the area during the year.

Disease	Total Number of Cases Notified	Total Number of Cases Confirmed	Cases Admitted to Hospital	Total Deaths
Smallpox.....	—	—	—	—
Scarlet Fever	181	168	121	1
Diphtheria	40	3	39	1
Typhoid Fever	2	1	2	—
Puerperal Pyrexia	7	5	3	—
Pneumonia	136	125	46	26
Measles	788	790	3	1
Whooping Cough	278	279	3	1
Cerebro-spinal Fever	8	4	6	1
Erysipelas	27	25	8	—
Ophthalmia Neonatorum	—	—	—	—
Acute Poliomyelitis	6	—	6	—
Food Poisoning	1	1	1	—
Scabies	24	24	—	—
Dysentery	4	3	3	—
Malaria	2	2	—	—
Totals	1,504	1,430	241	31

The number of cases of **Scarlet Fever** remains in the region of 200 but this figure merely gives a slight indication of the massive reservoir of the causal organism (Haemolytic Streptococci) existing in the community in the form of Streptococcal Tonsillitis, Catarrhal Infections, Septic Sores etc., and also being carried in the throats of resistant carriers. In 40% of households where Scarlet Fever occurred there were found to be existing Streptococcal Infections in other members. It appears to be a family disease and interesting family case histories were recorded of various Streptococcal Infections in different members of the household over a period of months culminating in Scarlet Fever in one of the children. All cases of Scarlet Fever were mild in type with an average period of hospitalisation of 4 weeks. There were no immediate deaths from this disease. During the year however, 1 death (a girl of 14 years) died of congestive heart failure and chronic endocarditis which could be definitely ascribed to an attack of Scarlet Fever 2 years previously. In view of the above, it is very difficult to justify the existing practice in this area of hospitalising most cases of Scarlet Fever, especially at a time when beds are so valuable.

Only 1 case of **Typhoid** occurred during the year, infected from a known carrier in the same household.

6 cases of **Poliomyelitis** were notified during the summer months but none were confirmed.

A mild epidemic of 61 cases of a type of **Gastro-Enteritis** occurred in the Junior Department of a school in the area over a period of 6 weeks. There were 26 cases of diarrhoea alone, 22 cases of vomiting alone, and 13 cases of both diarrhoea and vomiting. 50% of the cases had symptoms (unaccompanied by fever) lasting no more than 1 day and 83% had symptoms lasting less than 7 days. No cases were seriously ill and only odd ones were

ANALYSIS OF THE NOTIFIED AND CONFIRMED CASES OF NOTIFIABLE DISEASES UNDER AGE GROUPS FOR 1948.

Name of Disease	Under 1 year		1		2		3		4		5		6-10		11-15		16-20		21-35		36-45		46-65		66 and Over		Age Un-known		TOTALS	
	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C
Smallpox																														
Scarlet Fever			7	4	9	8	12	11	17	15	14	13	67	65	41	39	6	5	5	5	3	3							181	168
Diphtheria	1	1					2		2		2		5		4	1	5		17	1	1					1			40	3
Typhoid Fever																			1		1	1							2	1
Puerperal Pyrexia																	1	1	4	3	1					1	1		7	5
Pneumonia	22	19	12	11	5	4	5	4	2	2	4	4	9	9	7	7	7	6	20	20	13	12	21	6		1			136	125
Measles	49	49	106	106	100	101	137	137	113	113	163	163	110	110	7	7	2	2	1	1		1							788	790
Whooping Cough	36	37	52	52	42	42	44	44	33	33	35	35	33	33	2	2										1	1		278	279
Cerebro-Spinal Fever	1	1											2	1	2	1	1				2	1							8	4
Erysipelas	1	1			2	1													2	2	7	6	9	5		1	1		27	25
Ophthalmia Neonatorum																														
Acute Poliomyelitis													1				1		2		1			1					6	
Food Poisoning													1	1															1	1
Scabies*					1	1	1	1	1	1	3	3	4	4	4	4	4	4	2	2	1	1	2	2		1	1		24	24
Dysentery			1	1									1	1					1	1			1						4	3
Malaria																			2	2									2	2
Totals	110	108	178	174	159	157	201	197	168	164	221	218	233	224	67	61	27	18	57	37	30	25	32	12	11	6	4	1,504	1,430	

N—Notified Cases
C—Corrected Cases.
*Notification of Scabies ceased on 30th April, 1948.

confined to bed at any time. All infected children were seen and specimens of faeces sent for bacteriological and microscopical examination and blood tests were performed on selected cases while 2 children were admitted to Walkergate Isolation Hospital in an attempt to obtain a suspected virus.

Water, milk and food samples were tested and found satisfactory. Food handlers at the school were examined.

Results of faeces and blood examinations excluded Dysentery and known Food Poisoning Organisms and unfortunately no causal agent was discovered and the epidemic ended as it had started, tailing off with one or two cases. It could only be presumed that the causal organism was a virus transmitted in the same way as influenza.

There were 136 cases of **Pneumonia** notified during the year as compared with 85 cases in the previous year, with 46 admitted to hospital.

Diphtheria notification and mortality rates (per 1,000 population) since 1934 are as follows :—

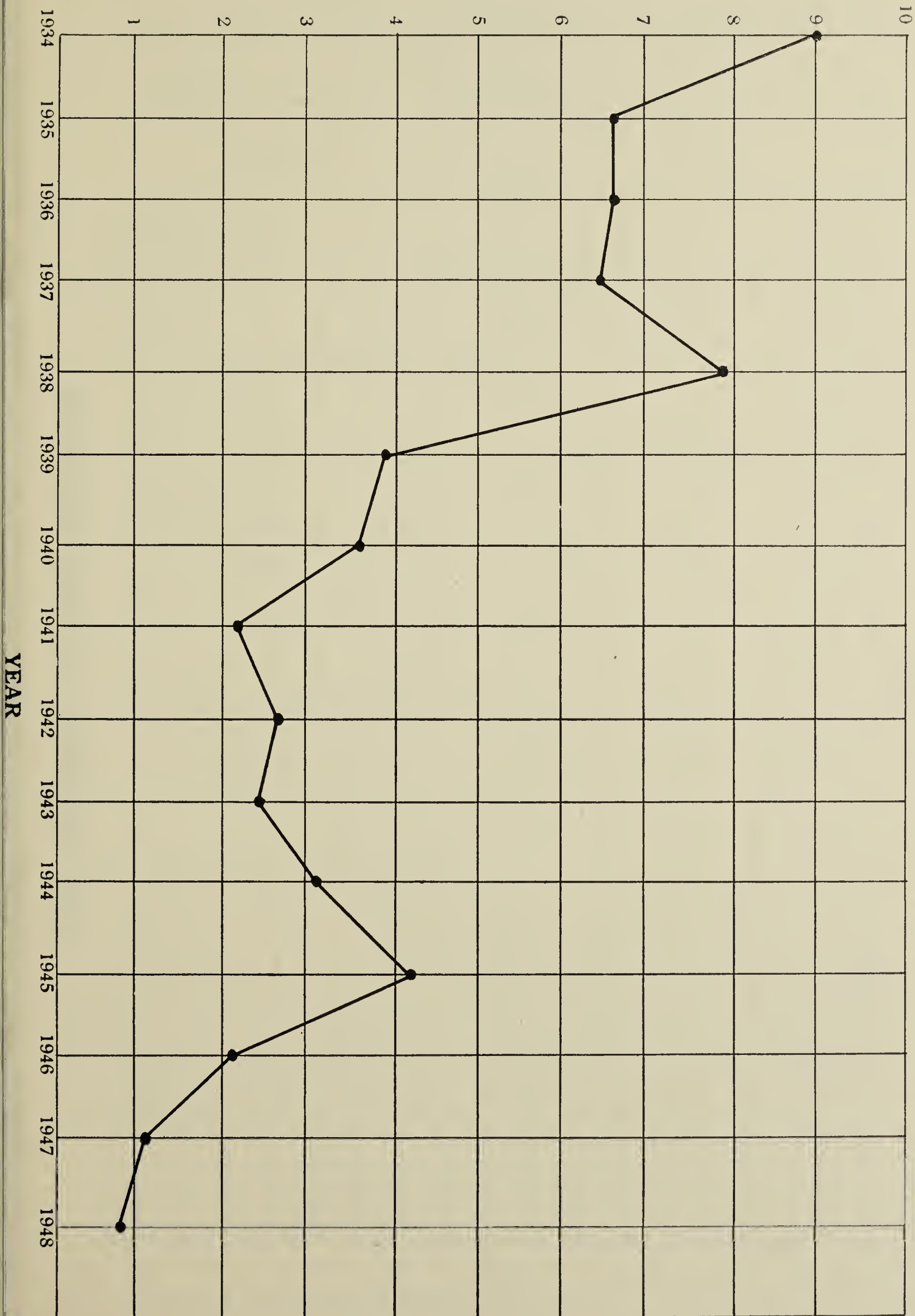
Year.	Notification Rate	Mortality Rate
1934	9.0	.692
1935	6.7	.309
1936	6.7	.255
1937	6.5	.255
1938	7.9	.455
1939	3.9	.119
1940	3.6	.209
1941	2.2	.065
1942	2.7	.066
1943	2.5	.089
1944	3.1	.109
1945	4.2	.129
1946	2.1	.020
1947	1.2	.020
1948	0.8	.020

(See Graphs on Pages ~~35~~₁₇ and ~~36~~₁₈)

During the year only 40 cases of Diphtheria were notified (0.8 per 1,000 population), the least ever recorded in this area. Of these 40 cases only 3 could be considered as confirmed cases of Diphtheria and of these 1 child died. None of the three had been immunised. This is a remarkable achievement and a great stride towards the complete eradication of the disease from this area but it is only by maintaining a high percentage of immunised people in the community that the disease as such will disappear. Too great an emphasis cannot be made of the importance of continued immunisation of all infants reaching an age of 8 months with a further injection (a booster dose) just before starting school and again at the age of 10 years. This artificial booster dose becomes more and more important as the incidence of the disease wanes in the community, when there are fewer opportunities of picking up sub-infecting doses of the organisms which would otherwise keep up the level of active immunity. While 45% of children under 5 years and 83% between 5 and 15 years have at some time been immunised, if we consider those not immunised within the last 4 years as having no existing immunity, the percentage of children immune under the age of 5 years is 45% and the percentage of children between the ages of 5 and 15 years is 69%.

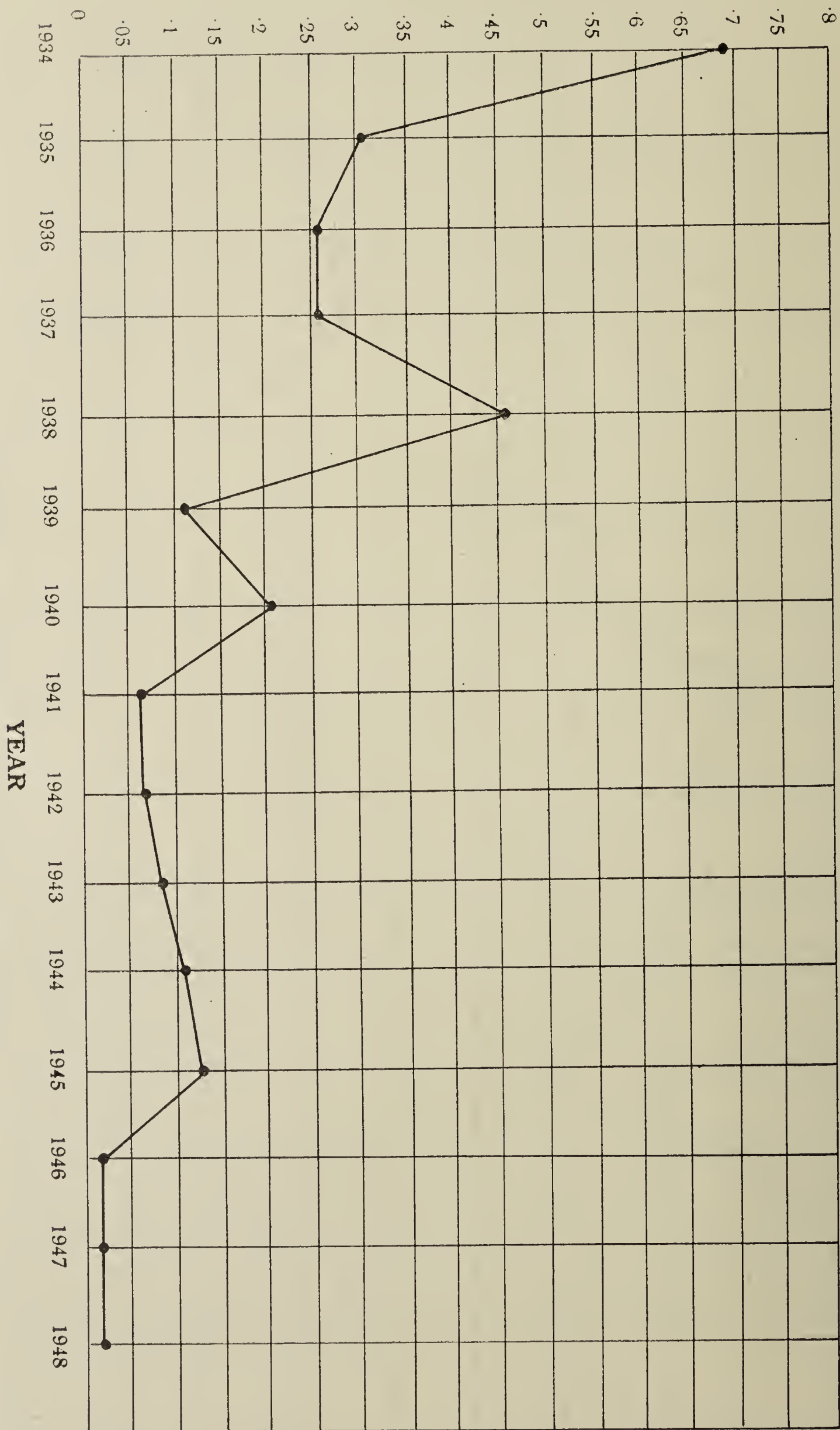
NUMBER OF CASES PER 1,000 POPULATION PER YEAR.

DIPHTHERIA NOTIFICATION RATES 1934 - 1948



NUMBER OF DEATHS PER 1,000 POPULATION PER YEAR.

DIPHTHERIA MORTALITY RATES 1934 - 1948



The three weekly clinics at Stanley, Tantobie and Hare Law have been continued during the year with a total immunised as follows :—

	Primary Immunisations. (two injections).	Booster Doses.
Stanley	240	33
Tantobie	11	3
Hare Law	137	10
Totals	<u>388</u>	<u>46</u>

TUBERCULOSIS.

Statistics.

	Pulmonary	Non- Pulmonary	Total
(a) No. of new cases notified during year.			
Males	42	3	45
Females	35	11	46
Totals	<u>77</u>	<u>14</u>	<u>91</u>
(b) No. of deaths registered.			
Males	15	2	17
Females	11	2	13
Totals	<u>26</u>	<u>4</u>	<u>30</u>
(c) No. of cases on the Tuberculosis Register.			
Males	150	47	197
Females	125	53	178
Totals	<u>275</u>	<u>100</u>	<u>375</u>

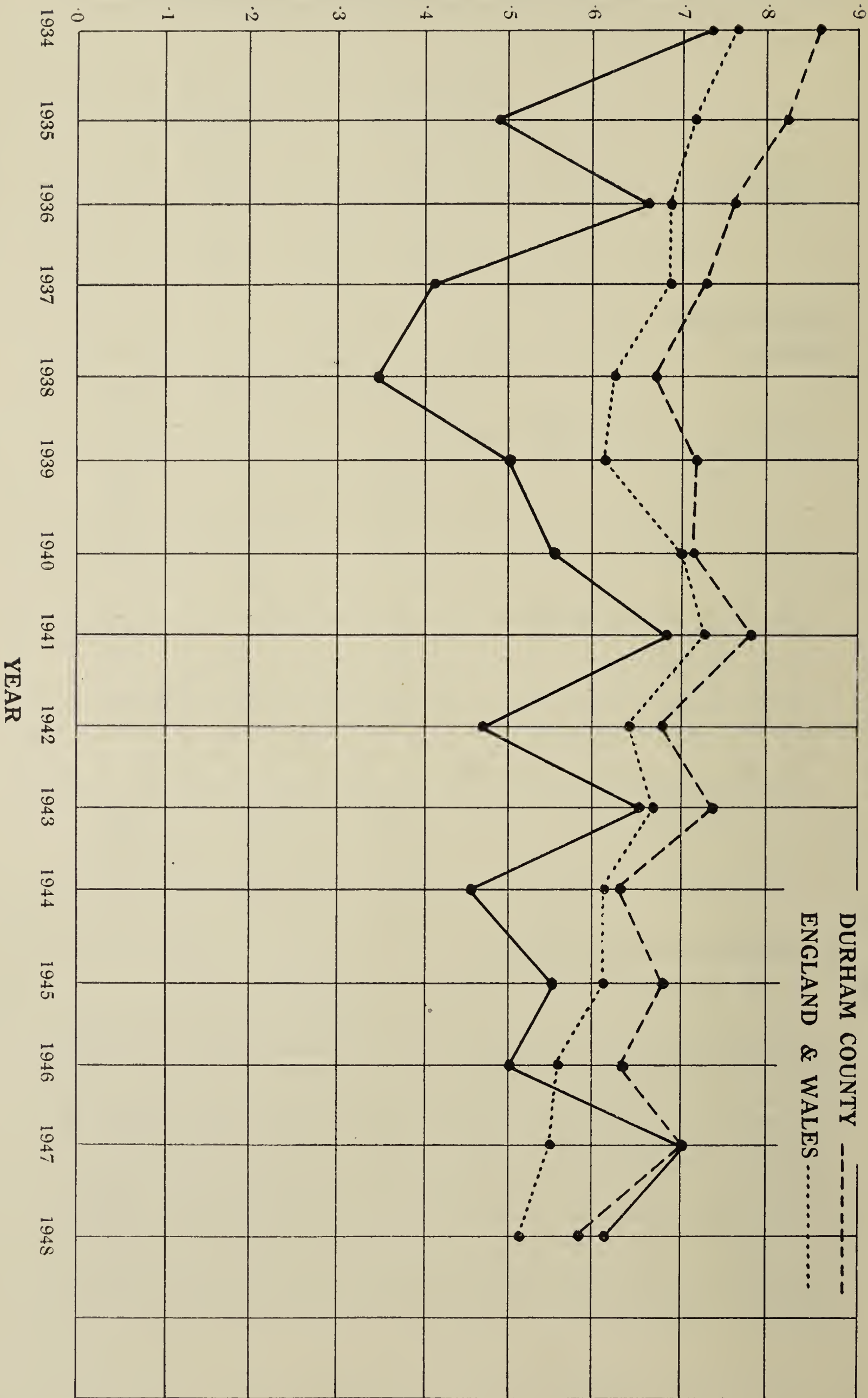
I. Notifications of Tuberculosis.

It will be noted that there were 91 new cases during the year.

The number infected by milk must be negligible since virtually all the milk supply (and all that provided at schools) is pasteurised, all cases being therefore, infected directly or indirectly from some other human being. The increased notification rate over the last few years is probably largely the result of better diagnosis. 15 of the notified 91 cases were detected by the Mass Radiography Unit and otherwise, would probably still have remained unknown. These latter cases were discovered following a propaganda campaign sponsored by the Council and followed by the response of 3,413 inhabitants over the age of 15 years. Considering that this idea was entirely new to the people and that, in the majority of cases, to take advantage of the facilities offered caused considerable inconvenience because of the rather inaccessible and eccentric location of the Unit, the response of the people of the Urban District was very commendable.

NUMBER OF DEATHS FROM TUBERCULOSIS PER 1,000 POPULATION PER YEAR.

COMPARATIVE TUBERCULOSIS MORTALITY RATES 1934 - 1948



Age distribution of new cases and deaths during the year.

AGE PERIOD	CASES				DEATHS			
	Pulmonary		Non- Pulmonary		Pulmonary		Non- Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Years								
0- 4	—	2	—	3	—	—	1†	1†
5-10	2	3	1	3	—	—	—	—
11-15	1	2	1	3	—	—	—	—
16-20	5	9	—	—	1	3	—	—
21-25	3	5	—	—	1	2	—	—
26-30	3	5	—	1	1	1	1*	—
31-35	1	2	—	—	1	—	—	—
36-40	7	2	1	—	2	1	—	—
41-45	4	1	—	—	1	1	—	—
46-50	5	2	—	—	1	3	—	—
51-55	4	—	—	—	3	—	—	1*
56-60	2	1	—	—	—	—	—	—
61-65	3	1	—	—	1	—	—	—
66-70	—	—	—	1	2	—	—	—
71-75	2	—	—	—	1	—	—	—
76-80	—	—	—	—	—	—	—	—
81 & over	—	—	—	—	—	—	—	—
Totals	42	35	3	11	15	11	2	2
	77		14		26		4	
	91				30			

† Tuberculous Meningitis. (Originally notified as Pulmonary Tuberculosis).
* Renal Tuberculosis.

Number and rate per 1,000 population of notifications and deaths over the last fifteen years are as follows :—

Year	No. of Notifications	Rate per 1,000 pop.	No. of Deaths	Rate per 1,000 pop.
1934	64	1.3	34	.75
1935	67	1.4	22	.49
1936	57	1.2	24	.66
1937	52	1.0	21	.41
1938	85	1.6	18	.35
1939	74	1.5	25	.50
1940	70	1.5	27	.56
1941	66	1.4	32	.69
1942	52	1.1	22	.48
1943	73	1.6	30	.66
1944	53	1.1	21	.46
1945	45	0.9	26	.56
1946	67	1.2	24	.50
1947	83	1.7	34	.70
1948	91	1.8	30	.61

(See Graph on Page 20)

Analysis of the Mass Radiography Unit Results.

	Male	Female	Total
No. of miniature films	2,326	1,087	3,413
No. recalled for large films	252	74	326
No. recalled for clinical examination	26	—	26
No. of suspected cases of Tuberculosis (For further investigation)	50	23	73
No. of cases notified as suffering from Tuberculosis after investigation	9	6	15

It will be noted from the above figures that 7.1% of the total population were X-Rayed, 2.1% of these needed further clinical investigation at dispensaries while 0.44% of those originally X-Rayed were found to be active cases of Tuberculosis. If we apply the Mass Radiography detection rate in this area to the rest of the community over the age of 15 years we should expect to find a further 148 unknown active cases.

II. Deaths from Tuberculosis.

There were 30 deaths from Tuberculosis during the year. In the last 15 years up to 1946 there had been a steady reduction in the number of deaths from this disease, the rate running parallel with and just below that of the County and England and Wales. In 1947 however, the rate increased from 0.5 per 1,000 population (24 deaths) to 0.7 per 1,000 population (34 deaths)—the highest in fifteen years—coming down to 0.6 per 1,000 population (30 deaths) during 1948.

This increased Mortality Rate over the last two years justifies critical investigation into the probable causes.

III. Tuberculosis Service for the Area.

(1) The Dispensary, situated at Stanley, deals each week with new cases, suspects and ambulant cases in the area.

(2) During the year 31 cases of Tuberculosis from this area were admitted to Sanatoria (Wolsingham, Bishop Auckland, Durham, Preston Hall, Kent, Sunderland or Chester-le-Street), 2 of whom died at hospital.

(3) There are 38 Tuberculosis patients on the Disabled Persons Register 2 of whom were retrained during the year but none received special rehabilitation following sanatorium treatment.

(4) A voluntary Tuberculosis After-care Committee covers the North-West Durham area providing clothing, bedding etc., and supplementing income from County and local voluntary funds in necessitous cases.

(5) Since 1946 10% of all new Council houses and casual lettings (amounting to 26 houses this year) are allocated to Tuberculosis cases. None of the deaths from this disease in the past two years occurred among cases who had at some time previously been re-housed under the Council's Scheme (eliminating the possibility of the economic or financial disadvantage of a new house).

Early diagnosis is one of the problems we must face, the importance of which is well exemplified by the fact that of the 30 deaths occurring in the year 16 occurred within 12 months of notification, 11 of these within 6 months of notification and 1 was diagnosed for the first time at death. As has been already stated there are probably a further 148 unknown active cases in our community.

Once diagnosed there must be adequate treatment at an early stage of the disease followed by efficient rehabilitation of all cases to assist the patient to overcome the physical and mental disablement so frequently associated with the disease. The patient on discharge from the sanatorium being assisted immediately by the Officers and Committee of the Local Authority After-care Service and Local Disablement ~~Rehabilitation~~ *Resettlement* Officer (Ministry of Labour).

This area however, is most unfortunate in that most of the industry is of the mining or heavy industrial type with no " Remploy " Factories and with little possibility of a disabled person finding other suitable employment.

The reduction of the reservoir of infection even at the best of times and in the best serviced areas is a long and costly process, therefore, if this can be associated simultaneously with a scheme for artificially raising the immunity of the community, especially those under special risk, our programme would be considerably accelerated. This, of course, is the idea underlying the present planning of the proposed trials of " B.C.G." (a form of "vaccination" against Tuberculosis) on special sections of the populace.

If it can be demonstrated that " B.C.G." can indeed effectively and safely bestow immunity to Tuberculosis, the control of this disease will advance rapidly and materially.

The introduction of special allowances (by the Assistance Board) to cases of Pulmonary Tuberculosis who have suffered a loss of income in order to undergo treatment, together with discretionary allowances as a supplement in Tuberculosis of other organs, has increased the economic protection of families with Tuberculosis. These special rates are still retained even though the patient returns to part time work, subject of course, to the earning and allowances not exceeding the original salary.

REPORT OF THE CHIEF SANITARY INSPECTOR FOR THE YEAR 1948.

STAFF :—

Chief Sanitary Inspector	.....	.....	K. ELLIOTT, M.S.I.A., C.R.SAN.I., Certificated Meat and Foods Inspector.
Assistant Chief Sanitary Inspector	.....	.....	S. L. HETHERINGTON, M.S.I.A., C.R.SAN.I., Certificated Meat and Foods Inspector.
District Inspectors	.....	.....	J. W. RICHARDS, M.S.I.A., C.R.SAN.I., Certificated Meat and Foods Inspector. J. B. MCGREGOR, M.S.I.A., C.R.SAN.,I.

I beg to submit my Annual Report of work carried out by the Sanitary Department during the year.

HOUSING.

The number of applications for Council houses on the 1948 list was 1,967 and the number of houses let during the year was 221 new houses plus 89 casual lettings making a total of 310.

The number of applicants on the new 1949 list is 2,422 and this increase may be represented by the number of marriages during the year which is 434 and to an increase in cases of overcrowding.

The general housing position remains much the same as in the previous year.

There are approximately 1,000 sub-standard houses in the area to be dealt with by clearance schemes which are not possible until there is a sufficient number of houses built to replace these unfit houses.

Owing to the general shortage of materials and labour, it has not been possible to carry out any structural improvements to property, and notices have been confined to essential and urgent repairs.

To alleviate the present housing position all unfit houses should be demolished and reconstruction carried out on such properties below the required standard but, of course this is entirely dependent on more and more houses being made available to replace unfit properties.

SANITARY CONVENIENCES.

It is hoped that with the construction of the new sewage works at the Causey (now in progress) it will be possible to re-commence the general scheme for the conversion of privies at Stanley, Annfield Plain, Tanfield, Tantobie and Hobson.

During the year 51 privies were converted into water closets but there are still 2,326 to be converted.

The number of privies converted into water-closets since 1931 is as follows :—

1931	.....	.....	.....	.....	151
1932	.....	.....	.....	.....	155
1933	.....	.....	.....	.....	1,664 (includes scheme for 1,460).
1934	.....	.....	.....	.....	250
1935	.....	.....	.....	.....	142
1936	.....	.....	.....	.....	230
1937	.....	.....	.....	.....	103
1938	.....	.....	.....	.....	47
1939	.....	.....	.....	.....	471 (part scheme for 1,295).
1940	.....	.....	.....	.....	3
1941	.....	.....	.....	.....	1
1942	.....	.....	.....	.....	2
1943	.....	.....	.....	.....	6
1944	.....	.....	.....	.....	12
1945	.....	.....	.....	.....	6
1946	.....	.....	.....	.....	7
1947	.....	.....	.....	.....	4
1948	.....	.....	.....	.....	51
					<hr/>
Total	.....	.....	.....	.....	3,305
					<hr/>

The following are the types of conveniences in the area :—

Water-closets	.....	.....	.....	11,446
Privies	.....	.....	.....	2,326
Dry Ashpits	.....	.....	.....	3,915
Ashbins	.....	.....	.....	7,032

PUBLIC HEALTH AND HOUSING ACTS.

The following is a summary of notices served under the Public Health and Housing Acts :—

	No. of Nuisances or defects dealt with by formal Notices.	No. of Nuisances or defects dealt with by Formal Notices by Order of the Council.	No. of Nuisances or defects abated or remedied after service of Notices
Dwelling Houses :			
Foul Conditions	4	—	9
Structural Defects	570	24	515
Ashpits and Privies	76	1	57
Waterclosets	49	3	54
Defective Yard Paving	11	2	1
House Drainage :			
Defective Traps	—	—	2
Other Faults	63	5	75
Water Supply	16	2	6
Smoke Nuisances	2	—	1
Ashbins	60	1	65
Rats and Mice	2	—	2
Other Nuisances	4	—	1
Totals	857	38	788

REFUSE COLLECTION.

4 new refuse vehicles were obtained during the year as replacements.

House refuse is collected from 6,241 ashpits weekly and 7,032 ashbins twice weekly, together with trade refuse from 75 shops etc., necessitating a total of 20,455 visits each week.

The estimated amount of refuse is approximately 40,000 tons per annum.

The refuse is abnormally heavy and peculiar to a colliery district where the coal, supplied free to the miners, besides being small and dusty contains a certain amount of stone.

The refuse has to be transported over steep gradients and each vehicle, with a capacity of 8 cubic yards, contains at least 3 tons nett of refuse, which represents the contents from an average of 40 ashpits or correspondingly 80 ashbins.

The total annual cost of collection and disposal for the year was £17,458. This gives a rate of 8/9d. per ton and an equivalent rate in the pound of 25.5d. The average weight of refuse per 1,000 population per day is 45 cwts. and the nett cost per 1,000 population per year is £357.

SALVAGE.

To increase the collection of waste paper a special appeal was made to all householders by the distribution of printed circulars shewing the need for salvage of every scrap of waste paper and each householder was provided with a sack for the storage of paper which was collected weekly.

Householders responded magnificently to this appeal so much so that the total amount of paper collected shewed an increase of 100%.

The total amount of paper collected and despatched for salvage during the year was 127 tons 13½ cwts, the sale of which amounted to £815.15.11.

ANALYSIS OF INSPECTIONS, 1948.

Housing Defects :— Inspections	739
Re-visits	1,862
Drains	301
Water-closets	48
Ashpits	192
Yards	6
Housing Acts :— Inspections	516
Demolition	12
Overcrowding	2
Foul Conditions	11
Verminous Premises	18
Rats and Mice	217
Offensive Trades	4
Ashbins	71
Deposits of Refuse	23
Animals Improperly Kept	7
Smoke Nuisances	8
Privy Conversions	66
Refuse Collection and Disposal	80
Factories	387
Council Houses	612
Shops	130
Food Premises	121
Meat Pool	300
Cowsheds, Dairies, Milkshops	125
Milk Samples	20
Ice Cream Samples	21
Water Samples	25
Water Supplies	17
Cottagers Pigs	240
Unsound Food	107
Infectious Diseases	466
Appointments	419
Miscellaneous	194
TOTAL number of Inspections	7,367

ERADICATION OF BED BUGS.

During the year 4 Council and 5 private houses were found to be infested with bed bugs. The Council houses were disinfested by the Local Authority and the private houses by the occupiers.

The method of disinfestation was by spraying with insecticides followed by fumigation. Where necessary the infested woodwork—such as picture rails and skirting boards—was removed and destroyed. The occupiers were then instructed to cleanse the house by washing down with soap and water. Frequent inspections were made and advice given to the occupiers until the premises were free from vermin.

RODENT CONTROL.

Operations for the destruction of rodents were carried out at 17 private premises, 5 premises owned by the Council and 2 sewage works.

According to the formula laid down by the Ministry of Agriculture, it was estimated that a total of 1,509 rodents were destroyed.

This formula has been questioned from time to time as highly improbable, therefore, when an operation was being carried out on certain business premises, it was decided to attempt to prove or disprove the estimated results based thereon.

According to the formula based on the amount of poison bait taken, it was estimated that the total kill should approximate 50 rats. On examination of the premises following the poison bait, only 9 dead rats were seen on the surface. As the floor of the basement was just earth and covered with rubbish, it was decided to excavate and this resulted in the recovery of 56 dead rats.

MILK AND DAIRIES ORDER, 1926.

The following were on the Register at the end of the year :—

Farms	63
Cowkeepers	57
Milk Producers :— “Accredited ”	14
Non-Designated.....	43
Dairies	58
Retail Purveyors of “ Pasteurised ” Milk	33
„ „ „ “Accredited ”	7
„ „ „ Non-Designated	13
„ „ „ Sterilised	46
Wholesalers :— “Accredited ”	7
Non-Designated	13
Pasteuriser	1

All the cowsheds and dairies were frequently inspected and found to be satisfactory.

Milk Samples.

7 samples of Ordinary Milk, 4 samples of “Accredited ” Milk and 9 samples of “ Pasteurised ” Milk were submitted for bacteriological examination.

1 sample of Ordinary Milk, 4 samples of “Accredited ” Milk and 9 samples of “ Pasteurised ” Milk were found to be satisfactory.

6 samples of Ordinary Milk were found to be unsatisfactory. These were all from bulk accommodation supplies delivered to the local pasteurisation dairy for heat treatment.

19 bottles were submitted for sterilisation test and were found to be satisfactory.

FOOD AND DRUGS ACT, 1938.

An inspection was made of the restaurant kitchens in the district and improvements were carried out at two of these premises with the object of improving the methods of cooking and sterilisation and the general standards of hygiene.

The following number of premises were registered under this Act and routine inspections were carried out during the year.

Ice Cream Manufacture	10
„ „ Sale	38
„ „ Storage	8
Preparation or manufacture of Sausages, Potted or Pressed Food	33
Preparation of Preserved Food—Fried Fish and Chips	34

Ice Cream (Heat Treatment etc.) Regulations, 1947.

All the premises used for the manufacture of Ice Cream were regularly inspected during the year under these regulations and following general re-construction of most of the premises, all producers installed up-to-date machinery and equipment for the production of Ice Cream and the sterilisation of equipment and plant.

Ice Cream samples were periodically taken from all producers and submitted for bacteriological examination to the Public Health Laboratory. For the purposes of this examination, the results are shewn in Provisional Grades 1, 2, 3 or 4. Grades 1 and 2 are deemed to be satisfactory and Grades 3 and 4 below the suggested bacterial standard.

With the exception of 5 samples in Grade 3 and 1 sample in Grade 4, all the remaining samples were placed in Grades 1 and 2.

Advice was given on methods of sterilisation and storage to the producers shewing Grades 3 and 4 and further samples were submitted for bacteriological examination with satisfactory results.

Meat and Other Foods.

The slaughter of food animals is carried out at a central depot outside the district and the meat is brought into three Distribution Depots and inspected prior to allocation to the butchers.

In addition, 289 pigs were slaughtered in the district by pig keepers, under special permits from the Ministry of Food.

During the year the following articles of food were found to be unfit for human consumption and destroyed :—

1,003 $\frac{1}{4}$ lbs. Beef (Bone Taint).	72 lbs. Beef (Tuberculosis).
12 lbs. Beef (Abscess).	12 lbs. Mutton (Abscess).
15 $\frac{1}{2}$ lbs. Lamb's Liver	1 Pig.
3 Pigs' Livers.	6 Pig's Kidneys.
3 Pig's Heads.	82 tins Meat.
5 tins Meat & Vegetables.	4 $\frac{1}{2}$ lbs. Sausage.
4 tins Sausage.	4 tins Bacon.
292 Meat Pies.	1 tin Turkey.
35 lbs. Ham.	192 lbs. Black Pudding.
40 stone Fish.	76 tins Fish.
24 Fish Cakes.	214 tins Milk.
1 lb. Cheese.	50 tins Paste.
2 Bags Flour.	6 packets Flour.
13 tins Flour.	76 tins Soup.
5 lbs. Butter.	10 lbs. Sugar.
14 stone Bread.	5 bottles Sauce.
32 jars Preserves.	3 bottles Orange Juice.
3 bottles Cordials.	207 tins Fruit.
661 lbs. Fruit.	6 boxes Fruit.
2 tins Jelly.	116 tins Vegetables.
70 jars Pickles.	1 bottle Salad Cream.
2 tins Marmite.	10 tins Tomato Juice.
2 tins Tomato Spread.	14 lbs. Dried Egg.
14 lbs. Barley.	25 packets Semolina.
50 Chocolate Biscuits.	1 bottle Vinegar.
21 tins Pudding.	

Slaughter -Houses.

9 Licences for the keeping of premises as a Slaughter-house were issued during the year.

SLAUGHTER OF ANIMALS ACT, 1933.

There were 56 Licenced Slaughter-men registered during the year under review.

COUNCIL AMBULANCE SERVICE.

Under the new National Health Service Act, 1946 this service was transferred to the Local Health Authority, (Durham County Council) on 5th July, 1948.

During the period 1st January, 1948 to 5th July, 1948, 268 calls were received and the total mileage covered was approximately 6,730. The cost of the service during this period was £478-4-1d. and the amount recovered by way of charges was £297- 5-0d.

FACTORIES.

During the year 387 inspections were carried out in the various factories in the area and defects were found on 3 premises, 2 of which were remedied by the occupiers.

The following is a list of factories in the Area :—

Ice Cream Manufacturers	.....	6
Bakers	.....	12
Butchers	.....	30
Mineral Water Manufacturers	.....	2
Milk Pasteuriser	.....	1
Gut Scraper	.....	1
Wholesale Clothing Manufacturers	.....	3
Dressmakers and Milliners	.....	4
Printers	.....	2
Ink Manufacturers	.....	1
Plumbers	.....	4
Builders and Contractors	.....	7
Joiners	.....	4
Painters	.....	4
Blacksmiths	.....	3
Boot Repairers	.....	2
Radio Repairers	.....	2
Marine Dealers	.....	2
Gas Works	.....	2
Motor Repairers & Garages	.....	20
Brick & Tile Works	.....	1
Saddler	.....	1
Watch Repairing	.....	4
Haulage Contractor	.....	1
Total	.....	119

In conclusion I wish to express my thanks for the consideration and support of the Council and members of the Staff.

I am, Ladies and Gentlemen,

Yours faithfully,

K. ELLIOTT,
Chief Sanitary Inspector.

FACTORIES ACT, 1937 :

Prescribed particulars on the administration of the Factories Act, 1937

PART 1 OF THE ACT

1.—INSPECTIONS for purposes of provision as to health (including inspections made by Sanitary Inspectors).

Premises	Number on Register	Inspections	Number of	
			Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	30	135		
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	89	192	3	
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	3	60		
TOTAL	122	387	3	

2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of cases in which defects were found				Number of cases in which prosec't'ns were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)					
Overcrowding (S.2)					
Unreasonable temperature (S.3)					
Inadequate ventilation (S.4)					
Ineffective drainage of floors (S.6)					
Sanitary Conveniences (S.7) (a) Insufficient.....	1	1			
(b) Unsuitable or defective	1				
(c) Not separate for sexes					
Other offences against the Act (not including offences relating to Outwork)	1	1		1	
TOTAL	3	2		1	

GENERAL OBSERVATIONS.

A general review of the vital statistics of your area gives rise to a feeling of satisfaction and, with continued effort and extension of schemes for health education, there is every reason to believe that our steady progress will continue.

Finally, I wish to thank the General Practioners for their ready co-operation and the Clergymen for their willingness and enthusiasm to assist in the various campaigns to spread information of public health importance.

